

BEST AVAILABLE COPY

10/519569

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
2	1		1				52			
3		60		1			53			
4			1				54			
5							55			
6		60					'56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13	11		1				63			
14		60		1			64			
15			1				65			
16	1		1				66			
17		1		1			67			
18			1				68			
19							69			
20							70			
21							71			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			3				TOTAL IND.			
TOTAL DEP.			14				TOTAL DEP.			
TOTAL COST			17				COST			

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS